



## **HANOVER BUILDING DEPARTMENT**

### **INFORMATION FOR OBTAINING A BUILDING PERMIT FOR COMMERCIAL AND OTHER THAN ONE AND TWO FAMILY DWELLINGS**

The Applicant must have:

- \* Certified plot plan showing proposed building location, measurements from building to street, as well as rear and side lot lines.
- \* Two (2) sets of drawings for the proposed work, drawn to scale and showing: foundation, floor plans, elevations, framing plans, and structural details for steel and/or LVL beams.
- \* Documentation showing compliance with Energy Code.
- \* Building Permit Application Form filled out completely.
- \* Signatures from Board of Health, Conservation Commission and the Fire Department.
- \* Copy of Lot Release for Sub-Divisions.
- \* Builder's Construction Supervisor Number, Home Improvement Number, Workmen's Compensation Insurance and Affidavit.
- \* Homeowners Insurance Affidavit and Exemption for Homeowners.

**Paul McAuliffe**  
**Building Commissioner**



**APPLICATION TO CONSTRUCT, REPAIR, RENOVATE OR DEMOLISH ANY COMMERCIAL BUILDING AND  
OTHER THAN ONE OR TWO FAMILY**

(Please fill out completely all applicable areas – Please use ink)

**This Section For Official Use Only**

Building Permit Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Signature: \_\_\_\_\_  
Building Commissioner/Local Inspector of Buildings

**NOTE:** In addition to this permit granted under the Building Code, the applicant is hereby notified that he/she comply with all the requirements of the Board of Health and the Zoning By-Law.

**SECTION 1 – SITE INFORMATION**

Property Address: \_\_\_\_\_

Assessors Map & Lot Number: Map: \_\_\_\_\_ Lot: \_\_\_\_\_

Zoning Information: Zoning District: \_\_\_\_\_ Proposed Use: \_\_\_\_\_

Property Dimensions: Lot Area(sf): \_\_\_\_\_ Footage(ft): \_\_\_\_\_

Building Setbacks(ft):

Front Yard

Side Yard

Rear Yard

Required: \_\_\_\_\_ Provided: \_\_\_\_\_ Required: \_\_\_\_\_ Provided: \_\_\_\_\_ Required: \_\_\_\_\_ Provided: \_\_\_\_\_

Water Supply: Public: \_\_\_\_\_ Private: \_\_\_\_\_

Flood Zone Information: Zone: \_\_\_\_\_ Outside Flood Zone: \_\_\_\_\_

Sewerage Disposal System: Municipal \_\_\_\_\_ On Site Disposal System: \_\_\_\_\_

**Section 2 – Property Ownership / Authorized Agent**

**Owner of Record:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Signature: \_\_\_\_\_

**Authorized Agent:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Signature: \_\_\_\_\_

### **SECTION 3 – Description of Proposed Work**

**(Check All Applicable)**

New Construction \_\_\_\_\_ Existing Building \_\_\_\_\_ Repairs \_\_\_\_\_ Alterations \_\_\_\_\_

Additions \_\_\_\_\_ Accessory Building \_\_\_\_\_ Demolitions \_\_\_\_\_ Other \_\_\_\_\_

**Brief Description of Proposed Work:**

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### **SECTION 4 -Building Height and Area**

BUILDING AREA	EXISTING	PROPOSED
Number of floors or stores		
includes basement level		
Floor area per floor (sf)		
Total Area (sf)		
Total Height (sf)		
Estimated Cost: \$ _____		Permit Fee: \$ _____

### **For Official Use Only**

Board of Health: _____	Conservation: _____
Date: _____	Date: _____
Fire Department: _____	New Homes Only: DPW _____
Date: _____	Date: _____
Planning Board: (if required) _____	Date: _____

**SECTION 5 – Construction Services**  
**For projects less than 35,000 cubic feet**  
**of enclosed space**

**Licensed Construction Supervisor:**

Licensed Construction Supervisor: \_\_\_\_\_ License #: \_\_\_\_\_  
Address: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Phone: \_\_\_\_\_ Signature: \_\_\_\_\_ Not Applicable: \_\_\_\_\_

**Registered Home Improvement Contractor:**

Company Name: \_\_\_\_\_ License #: \_\_\_\_\_  
Address: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Phone: \_\_\_\_\_ Signature: \_\_\_\_\_ Not Applicable: \_\_\_\_\_

**Section 6 – Worker's Compensation Insurance Affidavit (M.G.L. c. 152,25C(6).)**

Worker's Compensation Insurance affidavit must be completed and submitted with this application.  
Failure to provide this affidavit will result in the denial of the issuance of the building permit.

Signed affidavit attached: Yes \_\_\_\_\_ No \_\_\_\_\_

**Section 7 – Professional Design and Construction Services For Building and Structures subject to Construction control Pursuant to 780 CMR 116 (Containing More Than 35,000 C.F. Owner Authorization)**

**7.1 Registered Architect**

Name: \_\_\_\_\_ Registration #: \_\_\_\_\_  
Address: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Telephone #: \_\_\_\_\_

## 7.2 Registered Professional Engineer

Name: \_\_\_\_\_ Area of Responsibility: \_\_\_\_\_

Address: \_\_\_\_\_ Registration #: \_\_\_\_\_

\_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name: \_\_\_\_\_ Area of Responsibility: \_\_\_\_\_

Address: \_\_\_\_\_ Registration #: \_\_\_\_\_

Signature: \_\_\_\_\_ Telephone #: \_\_\_\_\_

## 7.3 General Contractor

Company Name: \_\_\_\_\_

Responsible in Charge of Construction: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Telephone: \_\_\_\_\_

## Section 8 -Structural Peer Review (780 Review (780 CMR 110.11)

Independent Structural Engineering Structural Peer Review Required

YES \_\_\_\_\_

NO \_\_\_\_\_

**Section 9a – Owner Authorization**

**To be completed when owners agent or contractor applies for building permit**

I, \_\_\_\_\_, as Owner of the subject property hereby authorize \_\_\_\_\_ To act on my behalf, in all matters relative to work authorized by this building permit application.

Signature of Owner \_\_\_\_\_ Date: \_\_\_\_\_

**Section 9b – Owner / Authorized Agent Declaration**

I, \_\_\_\_\_, as Owner / Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief.

Signed under the pains and penalties of perjury.

Print Name: \_\_\_\_\_

Signature of  
Owner / Agent \_\_\_\_\_ Date: \_\_\_\_\_

*The Commonwealth of Massachusetts*  
*Department of Industrial Accidents , Office of Investigations , 600 Washington Street , Boston, MA 02111*  
[www.mass.gov/dia](http://www.mass.gov/dia)

**Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers**

**Applicant Information**

**Please Print Legibly**

Name (Business/Organization/Individual): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Are you an employer? Check the appropriate box:**

**Type of project (required):**

- |  |  |  |
|--|--|--|
| 1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part time)*   | 4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet.++ These sub-contractors have workers' comp. Insurance.                  | 6. <input type="checkbox"/> New Construction                 |
| 2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. (No workers comp. Insurance required.) | 5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c.152.S1(4), and we have no employees. {No workers' comp. Insurance required.} | 7. <input type="checkbox"/> Remodeling                       |
| 3. <input type="checkbox"/> I am a homeowner doing all work myself. {No workers' comp. insurance required.}+   |  | 8. <input type="checkbox"/> Demolition                       |
|  |  | 9. <input type="checkbox"/> Building addition                |
|  |  | 10. <input type="checkbox"/> Electrical repairs or additions |
|  |  | 11. <input type="checkbox"/> Plumbing repairs or additions   |
|  |  | 12. <input type="checkbox"/> Roof repairs                    |
|  |  | 13. <input type="checkbox"/> Other: _____                    |

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

+Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

++Contractors that check this box must attach an additional sheet showing the name of the sub-contractors and their workers' comp. Policy information.

***I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.***

Insurance Company Name: \_\_\_\_\_

Policy # or Self-Ins. Lic. #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Job Site Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**

Failure to secure coverage as required under Section 25A of MGL.c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER AND A FINE OF UP TO \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for Insurance coverage verification.

***I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

***Official use only. Do not write in this area, to be completed by city or town official.***

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

Issuing Authority (circle one):

1. Board of Health    2. Building Department    3. City/Town Clerk    4. Electrical Inspector  
5. Plumbing Inspector    6. Other \_\_\_\_\_.

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

# Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an employee is defined as “..every person in the service of another under any contract of hire, express or implied, oral or written.”

An **employer** is defined as “an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer.”

MGL chapter 152.S25C(6) also states that “**every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the Commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.**” Additionally, MGL chapter 152S25C(7) states. “Neither the Commonwealth nor any of its political subdivision shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority.”

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## Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that his affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are requested to obtain a workers' compensation policy, please call the Department at the number listed below. Self-Insured companies should enter their self-insurance license number on the appropriate line.

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## City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact your regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under “Job Site Address” the applicant should write “all locations in \_\_\_\_ (city or town).” A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a homeowner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. A dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department address, telephone and fax number are as follows:

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Commonwealth of Massachusetts  
Department of Industrial Accidents  
**Office of Investigations**  
600 Washington Street  
Boston, MA 02111  
Tel. #617-727-4900 ext. 406 or 1-877-MASSAFE  
FAX: #617-727-7749  
[www.mass.gov/dia](http://www.mass.gov/dia)

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